(NPS Form 10-932) (NEW 10/00)

NATIONAL PARK SERVICE Hawai'i Volcanoes National Park PO Box 52, Hawai'i National Park, HI 96718 Application for Photography/Filming Permit

(OMB No. 1024-0026) (Expires12/31/2006)

Please supply the information requested below. This information is required to evaluate your permit request. **Attach additional sheets, if necessary.** Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application. There may be additional fees charged, including a location fee, and you will be required to provide proof of liability insurance.

Applicant:	Company:				
Social Security #:	Tax ID #:				
Street/Address:	Street/Address:				
City/State/Zip Code:	City/State/Zip Code:				
Telephone #:	Telephone #:				
Cell phone #:	Cell phone #:				
Fax #:	Fax #:				
Email:	Email:				
Project name:	Producer:				
Type of project:	Photographer:				
Location manager:	Director:				
Telephone #:	Insurance company:				
Cell phone #:					
TYPE OF PROJECT:					
☐ Stills, editorial ☐ Stills, advertising ☐ stills, other ☐ stock photo/video/film					
☐ Feature Film /TV Movie ☐ TV Series/Pilot ☐ Documentary/Travelogue ☐ Commercial					
☐ Music Video ☐ Public Service Announcement ☐ Infomercial ☐ Industrial					
☐ Other, explain					
Will there be sound recording ☐ Yes ☐ No	Night work: ☐ No ☐ Yes, explain				
SUMMARY OF SCENE(S):					

SHOOTING SCHEDULE BY LOCATION:

DATE	LOCATION	Start Time	End Time	Interior or Exterior	FILM	PREP	STRIKE	# of cast & crew

	y, trail use, or use of any building and site clean up.
Include a proposed Site Plan(s).	
Electrical needs, explain	Generator: □ No □ Yes, size
Lighting:	□ None □ Reflectors only □ Yes (explain)
	Date/time: Closure requeste
☐ Running shots ☐ Driving shots ☐ Drive-by	ys □ Tow shots □ Drive-ups & Away □ Wet down road
☐ Camera/Equipment on Road Shoulder ☐ Ca	mera/Equipment on median □ Other (explain)
OPERATIONAL INFORMATION: Number of Personnel and Vehicles:	
Гotal Cast & Crew Personal Cars	_ Large Trucks Other Trucks Vans
Camera Car Picture Cars M	otor homes Dressing Rooms
Other Vehicles (explain)	
Base Camp location:	
Catering Co. Name	Phone #
SPECIAL ACTIVITIES: Children: □ None □ Yes # of Childre	en Age Range
Animals:	
	Phone #:
Aircraft: □ No □ Yes (explain)	
Special Effects: (identify)	DI //
	Phone #
	Permit # (if applicable)
Stunts: (explain)	
	Phone #

Person on location responsible for coordinating activities with the NPS:

Name: _____ Title: _____ Phone: _____

Person at the company office to contact for follow up information and billing:					
Name:	Title:	Phone:			
information or false stateme	e information given is complete and correct nts have been given. All estimates are re to represent the applicant/production com	liable to the best of my knowledge			
Signature	Title	Date			
Company Name					
T.C	1 . 1 1				

Information provided will be used to determine whether a permit will be issued. Completed application must be accompanied by an application fee in the form of a cashiers check or money order in the amount of \$150.00 made payable to **National Park Service**. Application and administrative charges are non-refundable. *This completed application should be mailed to Park address information*.

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

The above application form is provided with the understanding that parks will insert appropriate park names and addresses and the amount of the application fee as desired

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 60 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (org. code 2460), Washington, D.C.